

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000002858**

1. Entity Name  
**HOGSHEAD INVESTMENT PARTNERSHIP, LTD.**



**FILED**

**04 JUN 15 PM 3:58**

**STATE  
TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business  
**603 S. HERMIT SMITH ROAD  
PLYMOUTH, FL 32768**

Mailing Address  
**P.O. BOX 871  
PLYMOUTH, FL 32768**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3490052**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGSHEAD, RODNEY C III  
1002 VILLA LANE  
APOPKA, FL 32712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$3,050,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GEORGIANA HOGSHEAD, TRUSTEE  
3210 FAIRWAY LANE  
ORLANDO, FL 32804**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HOGSHEAD, RODNEY C III  
1002 VILLA LANE  
APOPKA, FL 32704**

STREET ADDRESS

CITY-ST-ZIP

**000038161880  
06/22/04--01007--008 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GIOVANNELLI, DOROTHY ANN  
6464 S.W. 21ST COURT ROAD  
OCALA, FL 34474**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MOORE, MARY JO  
635 RUGBY STREET  
ORLANDO, FL 32804**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or its receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**Dorothy Ann Giovannelli**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-30-04**

Date

Daytime Phone #

**352-237-3519**

STAPLE CHECK HERE